

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

(1) PATRICIA THOMPSON, as )  
Personal Representative of the )  
Estate of MARCONIA LYNN )  
KESSEE, )

Plaintiff, )

-vs- )

No. CIV-19-113-SLP )

(1) NORMAN REGIONAL HOSPITAL )  
AUTHORITY d/b/a NORMAN )  
REGIONAL HOSPITAL, a public )  
trust, et al., )

Defendants. )



\* \* \* \* \*

VIDEOCONFERENCE DEPOSITION OF WILLIAM COOPER, D.O.

TAKEN ON BEHALF OF THE PLAINTIFF

IN OKLAHOMA CITY, OKLAHOMA

ON FEBRUARY 8, 2021

COMMENCING AT 9:04 A.M.

\* \* \* \* \*

REPORTED BY: BETH A. MCGINLEY, CSR, RPR

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EXHIBIT

15

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 11

1           A     Certainly.

2           Q     Okay. And I might just say "Doctor" at times,  
3     that's just a habit. Is that okay?

4           A     Yes.

5           Q     Okay. Dr. Cooper, have you seen this notice  
6     that we sent over to Turn Key?

7           A     Yes.

8           Q     Okay. Now, are you currently an officer or  
9     director of Turn Key?

10          A     I'm the chief medical officer.

11          Q     Chief medical officer. Okay. And for lack of  
12     better words or terms, is that some sort of managing  
13     agent within Turn Key?

14          A     Yes.

15          Q     Okay. And if you could, just briefly describe  
16     what your functions and responsibilities and duties are  
17     in that job.

18          A     I mostly oversee the providers, the physicians  
19     and nurse practitioners, and psychiatrists, also oversee  
20     the dentists and the mental health professionals.

21          Q     Okay. Would it be fair to say you're at the  
22     top of the food chain for medical providers at Turn Key?

23          A     Yes.

24          Q     Okay. And do -- and in that role, do you have  
25     the power to exercise judgment or discretion on those

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 12

1 providers?

2 A Yes, I do.

3 MR. YOUNG: Object to the form.

4 Q (By Mr. Hammons) Sorry? I --

5 A Yes -- yes, I do.

6 Q Okay. For instance, you could -- you could  
7 hire or fire those individuals in your job?

8 A Correct.

9 Q Okay. Now, within Exhibit 1, there's not a  
10 lot of categories, but there's -- there's -- there's  
11 seven categories of topics there, and have you had a  
12 chance to look at those topics?

13 A Yes.

14 Q Okay. And I take it, since you're sitting  
15 here, some of these questions are going to be kind of  
16 obvious, but I -- I have to ask them for the record,  
17 okay?

18 Has Turn Key designated you to testify on its  
19 behalf regarding those matters of examination contained  
20 in Exhibit 1?

21 A Yes.

22 Q And do you have full authority to speak on  
23 behalf of Turn Key?

24 A Yes.

25 Q Within Turn Key, is there a -- a person or a

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 27

1 not Cleveland County?

2 A Those -- the policies and procedures for both  
3 sites is the same.

4 Q Grady County's policies and procedures are the  
5 same as Cleveland County's policies and procedures?

6 A The Turn Key policies and procedures are the  
7 same.

8 Q I gotcha. Now, with respect to -- if you look  
9 under "Procedures" on Document -- on Exhibit 4, (A)  
10 says, "Training includes the orientation to the specific  
11 correctional facility regarding the following." Do you  
12 see that?

13 A I do.

14 Q Okay. And was there specific orientation and  
15 training, with respect to Clayton Rickert, for the  
16 Cleveland County Detention Center?

17 A I don't know.

18 Q Okay. At least there's no document in his  
19 file that would indicate that was done; true?

20 A True.

21 Q And in your preparation to come here and give  
22 testimony on these -- on this -- on these subjects, you  
23 did not see any documentation or were provided any  
24 information that would show that he went through any  
25 orientation and training for the Cleveland County

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 28

1 Detention Center; true?

2 A True.

3 MR. YOUNG: Object to the form.

4 A True.

5 Q (By Mr. Hammons) Now, have you -- have -- has  
6 Turn Key ever reviewed, as part of this contract,  
7 Cleveland County Detention Center's policies and  
8 procedures?

9 A Not to my knowledge.

10 Q Okay. Now, how is it that a Turn Key employee  
11 can implement the policies and procedures at a Cleveland  
12 County Detention Center if they don't know there is a  
13 policy?

14 MR. YOUNG: Object to the form.

15 A I don't know.

16 Q (By Mr. Hammons) Did you -- did you say you'd  
17 never seen the Cleveland County Detention Center's  
18 policies or -- I -- I --

19 A I have.

20 Q You have?

21 A Uh-huh.

22 Q Inside -- contained in the Cleveland County  
23 Detention Center's policies and procedures, there are --  
24 there's a lot of policy and procedure on inmate medical  
25 care and the intake process; true?

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 30

1 not, as -- under -- under this agreement you have with  
2 Cleveland County, whether the Cleveland County Detention  
3 Center implements training to Turn Key employees on  
4 their policy and procedures?

5 A Not to my knowledge.

6 Q Okay. So it's fair to say a -- an individual  
7 like Clayton Rickert, when they show up at the Cleveland  
8 County Detention Center, do not know the Cleveland  
9 County Detention Center's policies and procedures?

10 MR. YOUNG: Object to the form.

11 A That's probably fair to say.

12 Q (By Mr. Hammons) Okay. Now, have you ever  
13 taken Turn Key's policies and procedures and Cleveland  
14 County Detention Center's policies and procedures, and  
15 with respect -- we're just -- I'm specifically just  
16 talking about inmate care -- okay? -- when I'm asking  
17 about this. I don't -- I don't care about the rest of  
18 it, okay?

19 But with respect to the Cleveland County  
20 Detention Center's policies and procedures and Turn  
21 Key's policies and procedures, and match them up and see  
22 if they're the same?

23 A I haven't done that, personally.

24 Q Okay. So you -- as we sit here, Turn Key does  
25 not know whether their policy and procedures are in line

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 31

1 with the Cleveland County Detention Center's policy and  
2 procedures in -- regarding inmate care?

3 MR. YOUNG: Object to the form.

4 A Well, we ask the jails to review those and see  
5 if there's any discrepancies.

6 Q (By Mr. Hammons) Okay. So the Cleveland  
7 County Detention Center is required to review Turn Key's  
8 policy and procedures and lay out any discrepancies  
9 between the two?

10 A I wouldn't say that they're required to, but  
11 they are asked to.

12 Q Okay. But isn't that important to know,  
13 whether they actually did it or not?

14 MR. YOUNG: Object to the form.

15 A I guess.

16 Q (By Mr. Hammons) Well, for instance, if the  
17 Cleveland County Detention Center has a policy and  
18 procedure that is completely different on how to  
19 implement, say, suicide watch, than Turn Key's policy  
20 and procedure, isn't that important to know?

21 A Yes.

22 Q And in this situation, Cleveland County  
23 Detention Center and Turn Key, as it stands today, no  
24 one looked at those policies and procedures to see if  
25 they're the same, that you know of?

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 32

1           A     I didn't.

2                   MR. YOUNG: Object to -- object to the form.

3           A     I didn't.

4           Q     (By Mr. Hammons) Well, not only you didn't,  
5 Turn Key didn't?

6           A     Not to my knowledge.

7           Q     Okay. And you've never had the Cleveland  
8 County Detention Center contact Turn Key and say, "There  
9 is a problem between your policies and our policies";  
10 true?

11          A     True.

12          Q     But, specifically, the Cleveland County  
13 Detention Center is asked to review those policies  
14 and -- and compare them?

15          A     All the jails are, yes.

16          Q     Okay. Why are they asked to do that?

17          A     To make sure that we're in compliance with  
18 their policies and procedures.

19          Q     Right. And, ultimately, because those -- that  
20 could lead to confusion if those policies and procedures  
21 aren't followed; true?

22          A     True.

23                   MR. YOUNG: Object to the form.

24          A     True.

25          Q     (By Mr. Hammons) It also could lead to



Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 33

1 confusion between Turn Key staff and Cleveland County  
2 Detention Center staff, if they're both following  
3 different policy and procedures; true?

4 MR. YOUNG: Object to the form.

5 A True.

6 Q (By Mr. Hammons) And confusion could lead to  
7 mistakes; true?

8 A True.

9 MR. YOUNG: Object to the form.

10 Q (By Mr. Hammons) Is there anything in the  
11 contract between the Cleveland County Detention Center  
12 and Turn Key that prohibits the Cleveland County  
13 Detention Center from providing training to Turn Key  
14 staffers regarding their policies and procedures?

15 A Not that I recall.

16 Q But, as far as you know, the Cleveland County  
17 Detention Center does not do that for Turn Key  
18 employees?

19 A As far as I know, that's correct.

20 Q And including back in January of 2018, that --  
21 that remains the truth?

22 A Correct.

23 Q Okay. Now, you have read Clayton Rickert's  
24 deposition; true?

25 A True.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 34

1           Q     Okay. And I'm wondering: Do you agree with  
2     Clayton Rickert that the Cleveland County Detention  
3     Center should carry the blame for not showing him their  
4     policies and procedures?

5           MR. YOUNG: Object to the form.

6           A     Do I agree that they should share the blame?

7           Q     (By Mr. Hammons) Yes.

8           A     No.

9           Q     Why not?

10          A     He wasn't their employee.

11          Q     Okay. Do you agree that Clayton Rickert  
12     should have had training -- Turn Key should have  
13     provided Clayton Rickert with training on the Cleveland  
14     County Detention Center's policies and procedures?

15          A     No.

16          Q     Why not?

17          A     Well, we covered the detail within the --  
18     like, the first part, right here, covers, you know, kind  
19     of what it's like to work in a correctional setting and  
20     that sort of thing, so I think that's what's necessary  
21     for him to carry out his job duties.

22          Q     Now, is it anticipated by Turn Key that -- or  
23     is it foreseeable that Turn Key's medical staff will  
24     encounter inmates facing drug overdose?

25          A     That's possible.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 35

1 Q Is it foreseeable that Turn Key's medical  
2 staff might encounter inmates facing detox?

3 A Yes.

4 Q Okay. Most -- the Cleveland County Detention  
5 Center's policy and Turn Key's policy both actually  
6 address detox with specific policies and procedures;  
7 true?

8 A True.

9 Q And that's because it's a common occurrence;  
10 true?

11 MR. YOUNG: Object to the form.

12 A True.

13 Q (By Mr. Hammons) Drug-overdosing inmates is  
14 also fairly common, too; true?

15 A Not -- not true.

16 MR. YOUNG: Object to the form.

17 A Not true.

18 Q (By Mr. Hammons) Okay. When -- when it does  
19 occur in -- strike that.

20 Detoxing is more common than drug overdose?

21 A Much more common.

22 Q Okay. Both drug overdose and detox are  
23 potentially life-threatening situations; true?

24 A True.

25 Q And Turn Key's medical staff must be able to

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 36

1 recognize and medically assess drug overdose and detox  
2 with respect to the Cleveland County Detention Center;  
3 true?

4 MR. YOUNG: Object to the form.

5 A They must be able to recognize a potentially  
6 bad outcome.

7 Q (By Mr. Hammons) And why should -- why do Turn  
8 Key's staff need to be able to recognize the signs of  
9 drug overdose?

10 A To hopefully prevent a bad outcome.

11 Q And then, on top of that, the medical staff  
12 need to be trained to be able to assess a medical  
13 condition; true?

14 MR. YOUNG: Object to the form.

15 A Well, not an LPN.

16 Q (By Mr. Hammons) Okay. So an LPN should not  
17 be able to assess a medical condition?

18 A Correct.

19 Q In a situation like the Cleveland County  
20 Detention Center, is it true that most of the shifts are  
21 covered by LPNs?

22 A Correct.

23 Q So the LPN is not required to be able to  
24 assess a medical condition; true?

25 A True.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 56

1 through that with you.

2 A Okay.

3 Q That's a good point.

4 Now, with respect to LPNs, during that  
5 interview process at Turn Key, it doesn't matter if  
6 they're able to assess a medical condition or not; true?

7 A True.

8 Q What is the role of an LPN in the jail setting  
9 like the Cleveland County Detention Center?

10 A Their job is to assist in an assessment. The  
11 assessment takes place by an RN or higher, but their job  
12 is to assist Cle- -- they fill out forms,  
13 questionnaires, do vital signs.

14 Q Okay. Well, like, in a situation where an LPN  
15 is the only medical staff on -- on duty, how does an  
16 inmate get care if they're having an issue and the LPN  
17 can't assess it?

18 A Well, they're not the only ones on duty.  
19 We're always on call, so they have access to an RN or a  
20 nurse practitioner or a physician at all times.

21 Q Okay. So I guess the question is, is: If an  
22 LPN doesn't understand the medical condition, how is it  
23 that they can call for help?

24 A Use the telephone.

25 Q Well, but if they don't understand it, they

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 64

1           A     Yes.

2           Q     Okay. Does Turn Key provide any education or  
3 training to medical staff as to what the responsible  
4 health authority is?

5           A     I believe that's covered in the orientation.

6           Q     Okay. And that would be important for staff  
7 to understand; true?

8           A     True.

9                     MR. YOUNG: Object to the form.

10          Q     (By Mr. Hammons) Now, go to Page 8, sir. Now,  
11 this is a policy on "Provisions of Treatment, Medical  
12 Autonomy." Do you see that?

13          A     I do.

14          Q     Okay. Now, the first policy says, "Clinic --  
15 Clinical decisions and actions regarding healthcare  
16 provided to inmates to meet their serious medical needs  
17 are solely the responsibility of qualified healthcare  
18 professionals."

19                     Now, the -- the decisions, for instance, with  
20 respect to Clayton Rickert on January 16, 2018, the  
21 clinical decisions and actions, would he have been the  
22 qualified healthcare professional that -- that Policy  
23 No. 1 is speaking of?

24          A     Yes.

25          Q     Okay. And would you agree that an LPN working

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 65

1 in Clayton Rickert's position on January 16, 2018, it  
2 would have been an important skill set for that  
3 individual to be qualified to know the signs and  
4 symptoms of drug overdose?

5 A Yes.

6 Q Okay. And to know and recognize the signs of  
7 detox; true?

8 A True.

9 Q Did -- when you were reading Clayton Rickert's  
10 deposition, did it surprise you that he said he was not  
11 qualified to make those determinations?

12 A No.

13 Q I'm sorry?

14 A No.

15 Q Okay. It did not surprise you that he was not  
16 qualified?

17 A To assess. He's not qualified to assess.

18 Q Okay. Page 72 of his deposition, I'd asked  
19 him a question: "You would consider yourself not  
20 qualified to make a decision whether somebody was  
21 experiencing a drug overdose or not?" And there was an  
22 objection.

23 And then he said -- or, no, there wasn't an  
24 objection, just words. And his answer was: "I'm not  
25 qualified."

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 66

1                   Isn't it important for him to be qualified to  
2    know the signs and symptoms of drug overdose in his job?

3                   MR. YOUNG: Object to the form.

4           A       Yes.

5           Q       (By Mr. Hammons) Especially when somebody is  
6    having a drug overdose; true?

7           A       True.

8                   MR. YOUNG: Object to the form.

9           A       True.

10          Q       (By Mr. Hammons) Go to Page 11. It's entitled  
11    "Privacy." This is a policy discussing -- well, tell  
12    me -- tell me what this policy is about.

13          A       It's about patient privacy.

14          Q       Okay. And it's important to give inmates an  
15    opportunity to communicate with the health provider at  
16    the Cleveland County Detention Center; true?

17          A       True.

18          Q       And you can correct me if I'm wrong, but I  
19    take it as this is an opportunity for an inmate to have  
20    an unencumbered, open discussion with healthcare  
21    providers to answer their questions concerning any  
22    medical needs; true?

23          A       True.

24          Q       Okay. Is there any training of Turn Key's  
25    medical staff about the mindset -- when they go in to do



Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 70

1 a second. I -- I don't know what happened, but when I  
2 first started this, the numbers were wrong on mine, so  
3 I -- I started it right when he was being set down on  
4 the bench. And it's actually -- would have been -- on  
5 the left-hand number, it would have been around the  
6 38-minute mark. So the left-hand number is 38. I don't  
7 know why it was screwy when I first started it. Just to  
8 let everybody catch up.

9 Okay, I'm just going to play it from 38:01, so  
10 everybody is on the same page.

11 (Plaintiff's Exhibit No. 13, Officer Brown's  
12 body cam footage, was played off the record.)

13 Q (By Mr. Hammons) Okay, so I take it this is  
14 the first time you've watched this particular portion of  
15 the video?

16 A Correct.

17 Q Okay. And back to this idea of -- the idea  
18 behind this policy of privacy, do you believe that that  
19 situation is a good situation for an inmate, to be able  
20 to communicate with your healthcare provider?

21 MR. YOUNG: Object to the form.

22 A No.

23 Q (By Mr. Hammons) You -- you saw where he was  
24 being hushed with hand gestures and called an idiot?

25 MR. YOUNG: Object to the form.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 71

1           A     I didn't hear him being called an idiot. I --  
2     they said, "Stop acting like an idiot."

3           Q     (By Mr. Hammons) Okay. Did you har -- did you  
4     hear them all say -- say, "Fuck his ass"?

5           A     I didn't hear that part.

6           Q     Yeah.

7           A     I read it in the deposition.

8           Q     Yeah. At a minimum, this is not conducive to  
9     one of your providers being able to assess medical needs  
10    of an individual; true?

11               MR. YOUNG: Object to the form.

12           A     True.

13           Q     (By Mr. Hammons) Okay. Now, with respect  
14    to -- strike that.

15               Now, you saw on here, Clayton Rickert -- I've  
16    asked him -- and I don't know what is in his hand, but  
17    I've asked him, it's an ammonia packet that he's using  
18    to put in Marconia's face. You've seen -- you saw that?

19           A     Yes.

20           Q     Did you recognize that to be what he was using  
21    in that video we just watched?

22           A     I couldn't see it, but I assumed that because  
23    of the -- where he put it.

24           Q     Okay. What training, by Turn Key or Cleveland  
25    County, are you aware of with respect to ammonia packets

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 72

1 being used in this scenario?

2 A Well, we don't do any training on ammonia  
3 packets.

4 Q Okay. Did you -- do you know that Turn Key  
5 employees use ammonia packets?

6 A Yes.

7 Q Okay. And what is the purpose of using an  
8 ammonia packet with a Turn Key employee?

9 A To get somebody that's not arousable to come  
10 to.

11 Q Okay. Yeah, my understanding is, is -- I  
12 mean, what I've seen and -- actually, had them used on  
13 me -- is when I was knocked unconscious, somebody would  
14 put one in front of my -- and try to awaken me; true?

15 A That -- that's what I'm talking about, yes.

16 Q Okay. You probably read in the deposition  
17 that Clayton Rickert says it's some sort of tool to use  
18 to determine if somebody has a fake seizure or not. Is  
19 that part of Turn Key's training?

20 A No.

21 Q Okay. That's actually not what ammonia  
22 packets are designed for; true?

23 MR. YOUNG: Object to the form.

24 A True.

25 Q (By Mr. Hammons) Okay. Now, in this

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 73

1 situation, you heard -- and you've read the deposition,  
2 where I spelled out Clayton Rickert's words that he used  
3 during this interaction with Marconia Kessee?

4 A Yes.

5 Q Okay. Do you believe that Clayton Rickert's  
6 words, his process, were sufficient to make a  
7 determination to put somebody into critical observation?

8 A Yes.

9 Q Okay. And do you understand he did not ask  
10 one question of Marconia Kessee?

11 A I understand that.

12 Q Okay. He didn't ask him, "Have you been on  
13 any medicines?" True?

14 A True.

15 Q Or whether he had medical problems or  
16 conditions that -- were unaware of; true?

17 A True.

18 Q Okay. And he -- he wasn't asked any  
19 questions, other than from a detention officer, about  
20 what size of shoe he had on; true?

21 A True.

22 Q Okay. Is this the in- -- specifically, the  
23 actions of Clayton Rickert -- I -- I'm not asking you to  
24 make any determinations about the Cleveland County  
25 Detention Center's officers. But with respect to

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 74

1 Clayton Rickert, what you've seen so far, is that in  
2 line with Turn Key's trainings and policies and  
3 procedures?

4 A Yes. Yes.

5 Q What is your understanding of why Clayton  
6 Rickert wanted to put Marconia in a cell?

7 A He was concerned for his safety.

8 Q Okay. Because his head hit the wall?

9 A Correct.

10 Q Is there anything that you observe- -- would  
11 you -- strike that.

12 In this scenario, is there anything in the  
13 training, that you provide Clayton Rickert with, that  
14 requires them to ask some questions before making any  
15 determinations?

16 A Yes.

17 Q Okay. If we go to Page 13 on your -- on  
18 Exhibit 5. Now, this is to do with the "Intake Health  
19 Screening." Do you see that title?

20 A Yes.

21 Q Okay. Now, with respect to Clayton Rickert,  
22 is this something that he is in charge of when he's  
23 there, doing intake health screenings?

24 A Yes.

25 Q Okay. And I take it there is a form that

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 75

1 is -- he's required to fill out during this intake  
2 health screening process?

3 A Yes, after they're booked in.

4 Q Okay. And I've got it paused -- I've got the  
5 video paused at 39:46. Right behind Clayton Rickert, it  
6 says "Medical" on that door. Do you see that?

7 A Yes.

8 Q Is that the medical screening room for the  
9 Cleveland County Detention Center?

10 A I believe it is.

11 Q Okay. And is that where the intake health  
12 screening would occur?

13 A Yes.

14 Q Okay. If we go to the next page, sir, No. 14.  
15 It's No. 4. "Reception personnel using a form approved  
16 by the medical director conduct a basic receiving  
17 screening inquiry."

18 Is -- this form, would you have been the one  
19 approving this -- this particular form?

20 A Yes.

21 Q Okay. And is this form something separate and  
22 apart from what Clayton Rickert would do in the intake  
23 health screening or is this part of it?

24 A That's part of it.

25 Q Okay. All these categories listed in 4, (A)

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 76

1 through (M)?

2 A Correct.

3 Q Okay. And, obviously, none of these were done  
4 during this intake process; true?

5 MR. YOUNG: Object to the form.

6 A True. He hadn't been booked in yet.

7 Q (By Mr. Hammons) Okay. Is the process of --  
8 have you been a part of -- of this process before?

9 A No.

10 MR. YOUNG: Object to the form.

11 A I've seen it, but -- but I've not actually  
12 taken part in it.

13 Q (By Mr. Hammons) Okay. When the -- the  
14 book-in process is completed, are they then taken into  
15 the medical screening room?

16 A Yes.

17 Q Okay. And then this list of thing- -- these  
18 questions or this form would be gone over?

19 A Correct.

20 Q Okay. Now, if we look through this, under  
21 No. 4, "(A): Current and past illness, health problems,  
22 chronic illness or special health needs."

23 That's important, to be able -- an inmate to  
24 be able to communicate those current or past health  
25 issues; true?

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 79

1 "appearance, behavior, mental status" on it.

2 A Yes.

3 Q Okay. And one of the -- on "appearance",  
4 "sweating, disheveled, tremors." Those are all listed  
5 on there; true?

6 A True.

7 Q Why are those actually listed on there?

8 A Well, because they're important.

9 Q Are they indications of anything?

10 A Yes.

11 Q What would that be?

12 A Well, it could be anxiety or drug overdose,  
13 drug intoxication.

14 Q Right. The video you just watched of  
15 Marconia, did he exhibit any of those?

16 A Yes.

17 Q We have "behavioral" -- "mental status". All  
18 important categories to observe when you're doing a  
19 screening?

20 A Yes.

21 Q The next page is Page 15, "Breathing,  
22 hyperventilation." What is hyperventilation?

23 A Breathing faster than normal.

24 Q In the video you just watched, was Marconia  
25 Kesse breathing heavy?



Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 80

1           A     Yes.

2           Q     Now, No. 7, "Healthcare personnel will make  
3     disposition recommendation based on medical assessment  
4     or review of correctional staff screenings."

5                     How does that work with -- how does No. 7 get  
6     implemented when Clayton Rickert is on call?

7           A     If they exhibit self-harm, threaten self-harm,  
8     then they -- they put them where they -- try to keep  
9     them safe.

10          Q     Yeah, but this -- this -- I don't -- I don't  
11     -- No. 7 doesn't seem to be indicating -- talking about  
12     self-harm at all. It says, "Healthcare personnel will  
13     make disposition recommended based on the medical  
14     assessment."

15                     So what I'm asking is, is: How does that work  
16     when you don't have an individual there that can make a  
17     medical assessment?

18          A     Well, we always have somebody on call, like I  
19     said, so the assessment can be done by somebody on the  
20     phone, based on the LPN's assistance.

21          Q     Yeah, so -- but if the -- you know, it's hard  
22     for me to understand how the LPN, if he can't make a  
23     medical assessment, how he can realize there's a need  
24     for medical treatment, if he can't make the medical  
25     assessment. So that's what I'm asking, is: How is he

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 81

1 supposed to pick up the phone and call someone qualified  
2 to do a medical assessment if he doesn't even know how  
3 to assess a medical condition?

4 A Well, if he's -- if he don't know what  
5 going -- what's going on, then he's supposed to call  
6 the -- somebody higher up.

7 Q Okay. So -- and you -- well, never mind.  
8 Strike that.

9 Letter "D" on here, do you see Letter "D",  
10 "Medical Housing Observation"?

11 A Yes.

12 Q And we'll talk about critical observation,  
13 also, but I'm curious, you know, as I -- have you read  
14 any of the -- some of the jailers' statements done  
15 after?

16 A No, I have not.

17 Q Okay. Some reference medical observation and  
18 some reference critical observation. And I'm wondering:  
19 What is the -- what is medical observation in -- in Turn  
20 Key's view?

21 A They're placed in the medical unit for medical  
22 reasons, for physical medical reasons.

23 Q Okay. And these are some of the reasons that  
24 they would be placed into medical observation; true?

25 A True.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 82

1 Q Okay. And -- such as "seizures,  
2 detoxification monitoring, alcohol intoxication, or  
3 possible drug withdrawal." Do you see those?

4 A Yes.

5 Q Okay. How is it when Clayton Rickert is on  
6 call -- how is an inmate supposed to be put in medical  
7 observation if Clayton Rickert doesn't know the signs  
8 and symptoms of some of those?

9 A He would need to call his superior.

10 Q Well, if he doesn't know to -- what they are,  
11 how could he possibly know there's a problem?

12 A Well, if they're on this list or some other  
13 concerning thing, then he would call.

14 Q Well, you see -- you see the problem here is  
15 if -- if Clayton Rickert doesn't know somebody has signs  
16 of drug overdose because he doesn't know them, and he  
17 reads: "Drug overdose or drug withdrawal," on your  
18 sheet, but he doesn't know it's a drug overdose --

19 A Uh-huh.

20 Q -- because he doesn't know, it would be  
21 impossible for him to reach out to, say, you, and get  
22 help; true?

23 A True.

24 MR. YOUNG: Object to the form.

25 Q (By Mr. Hammons) And you -- I mean, you -- you

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 83

1 read his deposition where he said -- he uses the -- the  
2 quote: "I'm not qualified"; true?

3 A True.

4 Q Okay. So this -- this particular section of  
5 Turn Key's policies and procedures, while Clayton  
6 Rickert is on staff, is hard to implement because he's  
7 not qualified to do it; true?

8 MR. YOUNG: Object to the form.

9 A I don't think that it's hard to implement if  
10 you know where -- how to use a phone.

11 Q (By Mr. Hammons) Well, not just use a phone,  
12 but know the signs and symptoms of drug overdose, too;  
13 true?

14 A True.

15 Q Okay. When they're in medical housing  
16 observation, do -- does the Cleveland County Detention  
17 Center officers have anything to do with that  
18 observation?

19 A Not the actual observation, they just place  
20 them in there.

21 Q Okay. They might oversee and make sure  
22 they're, you know, not a risk to somebody, but they're  
23 not involved in the observation of it; is --

24 MR. YOUNG: Object to --

25 Q (By Mr. Hammons) -- that accurate?

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 99

1 "Why did you say these things in your notes when they're  
2 not true?"

3 A I don't know that for a fact. I don't know.

4 Q Okay. But that was a red flag to Turn Key  
5 that this wasn't exactly as Clayton Rickert said it to  
6 be; true?

7 A True.

8 MR. YOUNG: Object to the form.

9 A True.

10 Q (By Mr. Hammons) Regardless of the sheriff or  
11 the Cleveland County Detention Center's decisions on not  
12 wanting Clayton Rickert back into Turn Key, was he going  
13 to be fired?

14 A Not to my knowledge.

15 Q Hand you Exhibit 10. It's OSBI 106. This is  
16 an incident report by Brandi Garner. And I -- I'm not  
17 going to -- I'm just going to direct you down to -- in  
18 the main body, under "Observations," it's about the, I  
19 don't know, third or fourth sentence, it says, "LPN  
20 Clayton Rickerts" -- about the one, two, three, four --  
21 fifth line down, kind of towards the end, "LPN Clayton  
22 Rickerts" --

23 A Uh-huh.

24 Q -- "was also present and I asked him what  
25 Inmate Kessee's history was, to gain a better

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 102

1 Q What is it?

2 A That there's --

3 Q What could it be?

4 A That there's a medical problem.

5 Q All right. You can set that aside there, sir.

6 If we go back to Exhibit 5, sir, we're going  
7 to go to Page 43. Now, this, on Page 43, is the suicide  
8 prevention program for Turn Key Health; true?

9 A Correct.

10 Q Okay. Now, with respect to critical  
11 observation, is critical observation addressed in Turn  
12 Key's policies and procedures?

13 A We don't call it critical observation. We  
14 call it suicide watch.

15 Q Okay, fair enough. And it seems to me, from  
16 reading the Cleveland County Detention Center's  
17 policies, is that if you're on critical observation and  
18 given a suicide smock, it is essentially suicide watch.  
19 Is that your understanding?

20 A Yes, it is.

21 Q Okay. Now, if we go to Page 44 of Exhibit 5,  
22 down -- No. -- No. 4, this is still under the suicide  
23 prevention program, under "Housing," do you see that?

24 A Yes.

25 Q It says, "House staff will follow the

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 103

1 facility's policies for suicidal or observation patient  
2 housing." Do you see that?

3 A Yes.

4 Q Okay. Now, that would -- "health staff" would  
5 be Clayton Rickert; true?

6 A True.

7 Q Okay. And he's supposed to follow the  
8 facility's policies for suicide or observational patient  
9 housing; true?

10 A True.

11 Q Okay. And as we've already discussed, Clayton  
12 Rickert was not trained on the Cleveland County  
13 Detention Center's policies and procedures by Turn Key;  
14 true?

15 A He probably was on-the-job trained.

16 Q Okay. But not specifically their policies and  
17 procedures. There was no training --

18 A No --

19 Q -- by Turn Key?

20 A No formal sit-down lecture training.

21 Q Okay. And as far as you know, the Cleveland  
22 County Detention Center did not provide specific  
23 training on their policies and procedures, either?

24 A As far as I know, that's correct.

25 Q Okay. On a shift like January 16, 2018,

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 106

1           Q     And I'm asking you: What is Turn Key's  
2     position on that subject of when an intake, under these  
3     circumstances, should be completed?

4           MR. YOUNG: Object to the form.

5           A     It can -- it can vary, based on what's going  
6     on. If you've got somebody that's violent or  
7     uncooperative, then you postpone it until they have time  
8     to calm down.

9           Q     (By Mr. Hammons) And -- and I get that sense  
10    of that, but I'm wondering if -- for instance, in this  
11    situation, clearly the sight checks are being done by  
12    detention officers?

13          A     Correct.

14          Q     Is it incumbent upon those officers to tell  
15    your Turn Key staff when the inmate has calmed down  
16    enough to finish the intake?

17          MR. YOUNG: Object to the form.

18          A     That's certainly the way it usually works.

19          Q     (By Mr. Hammons) Okay. Have you watched any  
20    extensive length of video from when Marconia is placed  
21    in the cell, just watching his body throughout the  
22    couple hours that he's there?

23          A     No, I have not.

24          Q     Okay. With respect to -- I just asked you  
25    about the suicide prevention program and I pointed out



Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 107

1 this No. 4 about "The health staff will follow the  
2 facility's policy for suicidal or observation patient  
3 housing."

4 Would that also be -- Turn Key members would  
5 follow the guidelines set out in the Cleveland County  
6 Detention Center for critical observation?

7 MR. LAFFERRANDRE: Object to the form.

8 A Yes, because -- yes, because suicide watch and  
9 critical observation are the same thing, just depends on  
10 which policy you're reading.

11 Q (By Mr. Hammons) Okay. Now, does the  
12 orientation and training or the policy and procedure at  
13 Turn Key give Turn Key employees an idea of what is  
14 required for a sight check?

15 A No.

16 Q Okay. Is that something -- a sight check, is  
17 that something a Turn Key medical staff, like Clayton  
18 Rickert, is responsible for at times?

19 A No.

20 Q Okay. That is a function of the jail staff,  
21 to do critical observation sight checks?

22 MR. YOUNG: Object to the form.

23 A That's correct.

24 Q (By Mr. Hammons) Okay. Now, at -- I  
25 believe -- and I think I'm correct on this -- that

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 108

1 Clayton Rickert said that, at times, he has done sight  
2 checks on critical observation inmates. Is that your  
3 exper- -- is that the experience of -- of the training  
4 that's provided to Turn Key employees?

5 A Not to my knowledge.

6 Q Okay. But, irregardless, a Turn Key employee  
7 would look to the policies and procedures of the  
8 Cleveland County Detention Center on how to -- on what  
9 the specifications of a critical observation are?

10 MR. YOUNG: Object to the form.

11 A According to this, yes.

12 Q (By Mr. Hammons) Okay. According to  
13 Exhibit 5?

14 A Correct.

15 Q Okay. When Turn Key is reviewing the  
16 Cleveland County Detention Center's policies and  
17 procedures, does Turn Key have any cons- -- put any  
18 consideration into what a sight check is in critical  
19 observation?

20 A Well, we do, because we know, usually, it's  
21 the security staff that does that, and so, yes, we take  
22 that into consideration.

23 Q So, for instance, you know, if a sight check  
24 on somebody, who's in critical observation, isn't done  
25 properly, or there's no procedure for it, that could, in

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 109

1 turn, affect Turn Key's employees who are responsible  
2 for the medical care; true?

3 MR. YOUNG: Object to the form.

4 A Theoretically, it could, yes.

5 Q (By Mr. Hammons) You know, if they're not  
6 doing the sight check properly and somebody becomes  
7 unresponsive or not breathing, then Turn Key's staff  
8 should have been no- -- notified quicker; true?

9 MR. YOUNG: Object to the form.

10 MR. LAFFERRANDRE: Form.

11 A Yes.

12 Q (By Mr. Hammons) Have you, Turn Key, when  
13 you're -- when you were evaluating the situation in  
14 the -- inside the cell, did Turn Key make any  
15 evaluations of sight checks that were done for Marconia  
16 Kessee?

17 A Not that I recall.

18 Q Okay. Okay, if we could go back in Exhibit  
19 5 -- well, we're going to backtrack to Page 40.

20 A Okay.

21 Q Okay. This is your -- Turn Key's policy on  
22 detoxification. Is part of the training contained in  
23 Exhibit 6, and found in the policy and procedures, have  
24 to do with the signs of detoxification?

25 A Yes.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 110

1 Q Okay. And part of that would be the signs and  
2 symptoms to look for in an inmate who's new to the jail?

3 A That's correct.

4 Q Now, on No. 2 of the policy, it says there's  
5 -- "Established protocols are followed for the treatment  
6 and observation of individuals manifesting symptoms of  
7 intoxication or withdrawal. Protocols are approved by  
8 the medical director, are current, and are consistent  
9 with nationally-accepted guidelines."

10 Are those particular established protocols --  
11 are those written down somewhere?

12 A No.

13 Q They're just part of the training?

14 A Correct.

15 Q That's done in --

16 A For --

17 Q -- Exhibit 6?

18 A For -- no, that's for -- training is provided  
19 to the providers, the nurse practitioners and doctors.

20 Q Okay. But not the LPNs?

21 A Correct.

22 Q Okay. So what happens if the LPN encounters  
23 someone who's having these signs and symptoms and they  
24 have no training?

25 A Well, hopefully, they call the provider for

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 111

1 guidance.

2 Q No. 4 says, "Patients experiencing severe  
3 life-threatening intoxication, overdose or withdrawal  
4 are transferred immediately to a licensed community  
5 hospital." That's the Turn Key policy; true?

6 A That is correct.

7 Q Okay. How is an individual like Marconia  
8 Kessee, who's potentially having an overdose of his  
9 medications and whatever else in his body -- how is he  
10 going to be transferred if -- if it's Clayton Rickert on  
11 the job, who doesn't know the signs and symptoms of  
12 overdose?

13 MR. LAFFERRANDRE: Object to the form.

14 A Nothing -- I would say that history tells us  
15 nothing.

16 MR. HAMMONS: You know, I don't know if the  
17 sandwiches are here or not, but I think if we can go off  
18 the record and go ahead and do our lunch right now, I  
19 can marshal through -- some of my questions are --  
20 are -- have been answered. I can probably streamline  
21 this and, after we eat a sandwich, we can be done fairly  
22 quickly, if everybody is in agreement to that.

23 MR. YOUNG: Sure.

24 MS. GOOCH: That sounds good to me.

25 MR. HAMMONS: Okay.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 125

1           A     That's correct.

2           Q     All right. And that's what your company holds  
3     itself out to these jails as being able to provide, that  
4     medical care for all inmates, start to finish, correct?

5           A     Correct.

6           Q     And not only that, on Page 3 -- by the way,  
7     the medical care, that it -- is provided, would include  
8     a screening and an assessment, if needed, correct?

9           A     That's correct.

10          Q     All right. And moreover, as reflected on  
11     Page 3, it would include pharmaceutical services for all  
12     inmates, correct?

13          A     Yes, sir, that's correct.

14          Q     And so if an inmate needed medication,  
15     certainly, that's part of what Turn Key committed to do  
16     within this contract. Would you agree with that?

17          A     Yes.

18          Q     And would you agree with me that the facility,  
19     the jail, has a right to require competent, timely and  
20     appropriate attention to the inmates' needs?

21          A     Yes.

22          Q     All right. And was there ever anything during  
23     this contract, that was done by Turn Key, to notify the  
24     jail that it was not going to provide these expansive  
25     services?

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 128

1 admission?

2 MR. HAMMONS: Object to the form.

3 A Not to my knowledge.

4 Q (By Mr. Lafferrandre) All right. Another  
5 thing that Turn Key specializes in is the ability to do  
6 sick call triage, correct?

7 MR. HAMMONS: Object to the form.

8 A Correct.

9 Q (By Mr. Lafferrandre) All right. And -- and  
10 to some extent, that involves screening inmates for  
11 healthcare problems, correct?

12 A Correct.

13 Q And Mr. Rickert, in your estimation, was he  
14 qualified to do an appropriate screening of inmates on  
15 intake?

16 MR. HAMMONS: Object to the form.

17 A Yes.

18 Q (By Mr. Lafferrandre) Did he go to nursing  
19 school?

20 A Yes.

21 Q Did he graduate from nursing school?

22 A Yes.

23 Q Was he then subjected to a pretty intense  
24 examination of his skills?

25 MR. HAMMONS: Object to the form.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 136

1 A Would you repeat the question, please?

2 Q (By Mr. Lafferrandre) Part of the problem  
3 with -- with doing an evaluation and a screening of  
4 Mr. Kessee is that he wasn't providing any information  
5 about the meth that he took.

6 MR. HAMMONS: Object to the form.

7 Q (By Mr. Lafferrandre) Would you agree with  
8 that?

9 A Yes, I would agree.

10 Q And he wasn't giving any information about the  
11 toxic amount of anti-depressants that he took, correct?

12 A Correct.

13 Q And that makes it more difficult for the  
14 Norman ER. Would you agree with that?

15 MR. HAMMONS: Object to the form.

16 A Yes, I would.

17 Q (By Mr. Lafferrandre) Makes it more difficult  
18 for the police officers, correct?

19 MR. HAMMONS: Object to the form.

20 A Correct.

21 Q (By Mr. Lafferrandre) More difficult for the  
22 officers at the Cleveland County Detention Center.  
23 Would you agree with that?

24 MR. HAMMONS: Object to the form.

25 A I would agree.



Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 142

1 MR. HAMMONS: Object to the form.

2 A Not to my knowledge.

3 Q (By Mr. Russell) And, Doctor, you are familiar  
4 with the fact that patients can have a change in  
5 condition; true?

6 A True.

7 Q You volunteered for us that -- at some point,  
8 when you were asked about fit slips, you made a general  
9 statement, and I'm paraphrasing: "Turn Key will send  
10 for a fit slip, if necessary." Do you remember saying  
11 something to that extent?

12 A Yes.

13 Q Okay. Tell me what you meant by "Turn Key  
14 will send for a fit slip, if necessary." What  
15 circumstances will Turn Key do that?

16 A Well, we have a whole list of criteria.  
17 Someone that's involved in a motor vehicle accident or  
18 injured during arrest. If unsta- --

19 Q Where would --

20 A Go ahead.

21 Q I'm sorry to interrupt, go ahead.

22 A No, that's okay.

23 Q Go ahead.

24 A I was going to say: Unstable bio signs, head  
25 injuries, elevated blood sugars, lots of things like

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 143

1 that, that could mean they could be, you know, not quite  
2 ready to go to jail.

3 Q And where would that criteria -- that criteria  
4 you're describing, where would we find that?

5 A It's always posted in booking.

6 Q Okay. Describe what you mean, for me, by  
7 that, please. As specifically as you can, please.

8 A Okay. In the booking part of the jail, where  
9 they bring new intakes in to be booked in, that's just  
10 a -- a room in the jail where they do that process, and  
11 so that's where those criteria are posted.

12 Q Okay. And in this video, the first video,  
13 where Mr. Kessee is sitting on the bench, is that the  
14 area where those are -- where that would be posted?

15 A Yes.

16 Q All right. And is that a Turn Key document  
17 indicating when it would be appropriate to ask for a fit  
18 slip?

19 A Yes.

20 Q Okay. And what would that be labeled?

21 A "Fit Criteria."

22 Q Okay. And is that something that you can  
23 provide to me, as a corporate representative of Turn  
24 Key, through your counsel?

25 A Yes.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 144

1           Q     And I take it from your testimony so far, you  
2     recog- -- you and other members of Turn Key staff  
3     recognize that patient's conditions can deteriorate over  
4     time, correct?

5           A     Absolutely.

6           Q     And that fit slip criteria is something that  
7     can be utilized to determine if a patient needs to go  
8     get another fit slip; in other words, needs to be  
9     checked out by an ER physician --

10          A     Correct.

11          Q     -- is that true?

12          A     That's true.

13          Q     Okay. So Clayton Rickerts did have the  
14     independent ability to perform a screening exam and  
15     determine if another fit slip needed to be obtained for  
16     Mr. Kessee, correct?

17          A     I agree.

18          Q     And that screening exam, I believe you already  
19     went over it, I want to make sure we're talking about --  
20     I'm communicating and understand the correct things.  
21     That would be in your policy and procedures, under  
22     "Initial Health Screening," Exhibit 5, roughly starting  
23     at Page 13 of that; is that correct? Feel free to look  
24     at that, sir.

25               MR. YOUNG: Go ahead and look all you want.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 145

1 A Yes.

2 Q (By Mr. Russell) Okay. And that -- that's the  
3 screening criteria we've talked about generally,  
4 correct?

5 A Well, it's different than the fit criteria.

6 Q I understand that, but that's the screening  
7 criteria that Robert asked you about --

8 A Yes.

9 Q -- previously?

10 A You're correct.

11 Q Okay. And there is a separate fit slip  
12 criteria that you and I discussed, correct?

13 A That's correct.

14 Q As far as the condition of Mr. Kessee at  
15 Norman Regional Health Center or Hospital, you don't  
16 know what that condition was, do you?

17 A No.

18 MR. RUSSELL: Thank you for your time, Doctor.  
19 I appreciate it. I'll reserve my questions till time of  
20 trial.

21 MR. HUFF: This is Glen Huff. We have no  
22 questions, at this time, on behalf of the hospital.

23 MR. KNIGHTON: I think I'm the only one that's  
24 left, and the City and Keith Humphreys does not have any  
25 questions at this time. Thanks.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 147

1 be the responsible health authority in that phrase; is  
2 that correct?

3 A That's correct.

4 Q Okay. And did you review the orientation  
5 program, as it says?

6 A Yes.

7 Q There's been a lot of talk about assessments  
8 versus screening and I was wondering if you could clear  
9 up some of that. Under Oklahoma law, is an LPN  
10 qualified to do an assessment?

11 A No.

12 Q Okay. So when -- okay, kind of explain that  
13 to us. What is the difference between an assessment and  
14 a screening?

15 A Well, the LPNs use screening tools, which are  
16 questionnaires, but they can't make an assessment out of  
17 that information. That's why they pass it on up the  
18 chain to an RN or a -- a nurse practitioner or a  
19 physician for an assessment.

20 Q So a Turn Key LPN, like Nurse Rickert, would  
21 be able to seek out an assessment from someone qualified  
22 to do so; is that fair?

23 A Yeah, that's possible, 24 hours a day.

24 Q Okay. From Turn Key's perspective, under  
25 these circumstances, why was it okay for Nurse Rickert

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 150

1 did you hear anybody, other than what size your shoe is,  
2 ask him one question in order to ascertain why he was  
3 acting the way he was?

4 A That's the only question I heard asked.

5 Q Right. And we already talked about it,  
6 Marconia clearly was having some problems, in the video;  
7 true?

8 A Yes.

9 MR. YOUNG: Object to the form.

10 A Yes.

11 Q (By Mr. Hammons) Okay. He's surrounded by  
12 four individuals; true?

13 A True.

14 Q Okay. Can't speak very well; true?

15 A True.

16 MR. YOUNG: Object to the form.

17 Q (By Mr. Hammons) Is breathing heavily; true?

18 A True.

19 Q Sweating profusely?

20 A True.

21 Q Can't walk?

22 MR. YOUNG: Object to the form.

23 Q (By Mr. Hammons) True?

24 A True.

25 Q And at that moment in time, Turn Key expects

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 151

1 Marconia Kessee to start rattling off his medications to  
2 them; is that what I'm hearing?

3 MR. YOUNG: Object to the form.

4 A No.

5 Q (By Mr. Hammons) It's not -- that's not  
6 reasonable, to expect Marconia Kessee, at that moment in  
7 time, to have been able to communicate any further than  
8 he already was trying; true?

9 A I agree.

10 Q Yeah. Now, as far as there's no information  
11 about drugs, that's not exactly true, either. The  
12 question was asked, was there's no information, but you  
13 pointed out he had a big bag of pills with him; true?

14 A True.

15 Q The exact medications that he was taking;  
16 true?

17 A True.

18 MR. YOUNG: Object to the form.

19 Q (By Mr. Hammons) And those pills, had somebody  
20 looked at them, understood what they did to people if  
21 too many were taken -- for instance, Clayton Rickert --  
22 that might have helped, given some more information that  
23 he could have relayed to a nurse practitioner; true?

24 MR. YOUNG: Object to the form.

25 A True.

Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 153

1     happen?

2                   MR. YOUNG: Object to the form.

3           A     No, I don't.

4           Q     (By Mr. Hammons) Yeah, the questions asked  
5     that -- of you, that placed the onus on Marconia Kessee,  
6     as he's dying, to start offering information about his  
7     overdose, are unreasonable questions, are they not?

8                   MR. YOUNG: Object --

9                   MR. LAFFERRANDRE: Objection.

10                  MR. YOUNG: -- to the form.

11           A     Are they unreasonable questions?

12           Q     (By Mr. Hammons) Well, it's an unreasonable  
13     stance to take?

14           A     Well --

15                   MR. YOUNG: Object --

16                   MR. LAFFERRANDRE: Objection.

17                  MR. YOUNG: -- to the form.

18           A     In hindsight, yes.

19           Q     (By Mr. Hammons) Now, it was asked, your  
20     observations of uncooperative in the -- in the room, but  
21     you did couch that a little bit: "Clearly,  
22     uncooperative." What was he uncooperative with?

23           A     Arrest.

24           Q     With what?

25           A     Arrest.



Dr. William Cooper (Lunch \$65.67)  
2/8/2021

Page 154

1 Q Well --

2 A And going to the Salvation Army.

3 Q Okay. Well, I'm talking about in the intake  
4 room.

5 A Oh.

6 Q He was -- he was told to sit his ass on the  
7 bench; true?

8 A Yes.

9 Q And he sat on the bench; true?

10 A True.

11 Q He couldn't answer the question about what  
12 size shoe he had; true?

13 MR. YOUNG: Object to the form.

14 A True.

15 Q (By Mr. Hammons) Okay. Any other thing, that  
16 he was -- that he was asked or told to do, that he did  
17 not do?

18 A No.

19 Q So uncooperative -- sometimes inmates --  
20 that's why we have these procedures and these screening  
21 processes: Sometimes inmates show up and they are in  
22 medical emergency need and they can't cooperate; true?

23 A True.

24 MR. YOUNG: Object to the form.

25 Q (By Mr. Hammons) And just to clarify: At the